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CONFIRMATION NO. 5803

<b>SERIAL NUMBER</b> 09/940,722	<b>FILING OR 371(c) DATE</b> 08/27/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> PRES06-00217
<b>APPLICANTS</b> Ronald A. Schachar, Dallas, TX;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/061,168 04/16/1998 PAT 6,280,468 which is a CIP of 08/946,975 10/08/1997 PAT 6,007,578				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/17/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 20
Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> Docket Clerk P.O. Drawer 800889 Dallas, TX 75380				
<b>TITLE</b> SCLERAL PROSTHESIS FOR TREATMENT OF PRESBYOPIA AND OTHER EYE DISORDERS				
<b>FILING FEE RECEIVED</b> 3618	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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